



TENNESSEE DEPARTMENT OF HEALTH

Health Statistics
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JOINT ANNUAL REPORT OF HOSPITALS

2013

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TENNESSEE DEPARTMENT OF HEALTH
JOINT ANNUAL REPORT OF HOSPITALS

2013

SCHEDULE A - IDENTIFICATION*

1. Name of Hospital TriStar Centennial Medical Center Federal Tax I.D. # 62-1113737
 Did your facility name change during the reporting period? ☐ YES ☒ NO
 County Davidson
2. Address of Street 2300 Patterson Street
 Facility City Nashville State Tennessee Zip 37203-
3. Telephone Number (615) 342-1000
 Area Code Number
4. Name of Chief Executive Officer Heather Rohan
 First Name Last Name
 Signature of Chief Executive Officer _____
5. Name of person(s) coordinating form completion Ashlev Harris
 Telephone Number if different than above (615) 342-6503
 Area Code Number
6. 657 Office Use Only
7. Reporting period used for this facility:
 Beginning Date 01/01/2013 Ending Date 12/31/2013
8. 365 Office Use Only
9. Does your hospital own or operate or have other hospitals licensed as satellites of your hospital? ☐ YES ☒ NO
 If yes, please complete the following.

	NAME OF HOSPITAL	STATE ID	SATELLITE	OWN	OPERATE	OWN AND OPERATE
1	_____	_____	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	_____	_____	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	_____	_____	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	_____	_____	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	_____	_____	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCHEDULE B - CLASSIFICATION*

State ID 19324

1. CONTROL:

A. Indicate the type of organization that is responsible for establishing policy for overall operation of the hospital.

- | | | | |
|---|--|---|---|
| <u>1. Government-Non-Federal</u> | <u>2. Government-Federal</u> | <u>3. Nongovernmental, not-for-profit</u> | <u>4. Investor-owned, for-profit</u> |
| <input type="radio"/> 11 State | <input type="radio"/> 17 Armed Forces | <input type="radio"/> 20 Church-operated | <input type="radio"/> 23 Individual |
| <input type="radio"/> 12 County | <input type="radio"/> 18 Veterans Admin. | <input type="radio"/> 21 Other Nonprofit Corporation | <input type="radio"/> 24 Partnership |
| <input type="radio"/> 13 City | <input type="radio"/> 19 Other, please specify | <input type="radio"/> 22 Other not-for-profit, please specify | <input checked="" type="radio"/> 25 Corporation |
| <input type="radio"/> 14 City-County | | | |
| <input type="radio"/> 15 Hospital district or authority | | | |

B. Is the hospital part of a health system? ☒ YES ☐ NO

If yes, please provide the name and location of the health system.

Name HCA Healthcare City Nashville State Tennessee

C. Does the controlling organization lease the physical property from the owner(s) of the hospital? ☐ YES ☒ NO

D. What is the name of the legal entity that owns and has title to the land and physical plant of the hospital?

HCA Healthcare of Tennessee, Inc.

E. Is the hospital a division of a holding company? ☐ YES ☒ NO

F. Does the hospital itself operate subsidiary corporations? ☐ YES ☒ NO

G. Is the hospital managed under contract? ☐ YES ☒ NO If YES, length of contract From _____ To _____

If yes, please provide name, city, and state of the organization that manages the hospital.

Name _____ City _____ State _____
Name _____ City _____ State _____

H. Is the hospital part of a health care alliance? ☐ YES ☒ NO (see definition of alliance)

If yes, please provide the name, city, and state of the alliance headquarters.

Name _____ City _____ State _____
Name _____ City _____ State _____

I. Is the hospital part of a health network? ☒ YES ☐ NO (see definition of network)

If yes, please provide the the name, city, and state of the network.

Name Tristar Health Systems City Nashville State Tennessee
Name _____ City _____ State _____

2. SERVICE:

A. Indicate the ONE category that BEST describes your hospital.

- | | |
|--|---|
| <input checked="" type="radio"/> 01 General medical and surgical | <input type="radio"/> 07 Rehabilitation |
| <input type="radio"/> 02 Pediatric | <input type="radio"/> 08 Orthopedic |
| <input type="radio"/> 03 Psychiatric | <input type="radio"/> 09 Chronic disease |
| <input type="radio"/> 04 Tuberculosis and other respiratory diseases | <input type="radio"/> 10 Alcoholism and other chemical dependency |
| <input type="radio"/> 05 Obstetrics and gynecology | <input type="radio"/> 11 Long term acute care |
| <input type="radio"/> 06 Eye, ear, nose and throat | <input type="radio"/> 12 Other-specify treatment area |

SCHEDULE B - CLASSIFICATION (continued)*

State ID 19324

B. Does your hospital own or have a contract with any of the following?

	(1) Yes	(2) No	Specify one:		Number of Physicians	FTE Physicians
			1) Own	2) Contract		
1. Independent Practice Association	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>0</u>	<u>0.0</u>
2. Group Practice Without Walls	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>0</u>	<u>0.0</u>
3. Open Panel Physician-Hospital Organization (PHO)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>0</u>	<u>0.0</u>
4. Closed Panel Physician-Hospital Organization (PHO)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>0</u>	<u>0.0</u>
5. Management Services Organization (MSO)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>0</u>	<u>0.0</u>
6. Integrated Salary Model	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>0</u>	<u>0.0</u>
7. Equity Model	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>0</u>	<u>0.0</u>
8. Foundation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>0</u>	<u>0.0</u>

3. Have any of the following insurance products been developed for use in Tennessee by your hospital, health system, health network alliance or as a joint venture with an insurer?

Check all that apply.

	Your			(4) Alliance	Joint Venture	
	(1) Hospital	(2) Health System	(3) Health Network		(5) With Insurer	
A. Health Maintenance Organization	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	
B. Preferred Provider Organization	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	
C. Indemnity Fee For Service Plan	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	

4. Does your hospital have a formal written contract that specifies the obligations of each party with:

A. Health Maintenance Organization (HMO)? ☒ YES ☐ NO

1. How many do you contract with? 16

2. Number of different contracts 33

B. Preferred Provider Organization (PPO)? ☒ YES ☐ NO

1. How many do you contract with? 36

2. Number of different contracts 65

5. What percentage of the hospital's net patient revenue is paid on a capitated basis?

If the hospital does not participate in any capitated arrangement, please enter "0". 0.0 %

6. How many covered lives are in your capitation agreements? 0

SCHEDULE C - ACCREDITATIONS AND APPROVALS*

State ID 19324

1. ACCREDITATIONS:

A. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Date of most recent accrediting letter or survey 11/09/2013 ☒ YES ☐ NO

If Yes, Is the hospital accredited under either/both of the following manuals:

1. Comprehensive Accreditation Manual for Hospitals (CAMH) ☒ YES ☐ NO

2. Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC) ☐ YES ☒ NO

3. Other manuals, please specify _____

B. Commission on Accreditation of Rehabilitation Facilities (CARF)

Date of most recent accrediting letter or survey _____ ☐ YES ☒ NO

C. American College of Surgeons Commission on Cancer ☒ YES ☐ NO

D. American Osteopathic Association (AOA) ☐ YES ☒ NO

E. TÜV Healthcare Specialists ☐ YES ☒ NO

F. Community Health Accreditation Program (CHAP) ☐ YES ☒ NO

2. CERTIFICATIONS:

Medicare Certification ☒ YES ☐ NO

3. OTHER:

A. THA Membership ☒ YES ☐ NO

B. Hospital Alliance of Tennessee, Inc. Membership ☐ YES ☒ NO

C. American Hospital Association Membership ☒ YES ☐ NO

D. American Medical Association Approval for Residencies (and Internships) ☐ YES ☒ NO

E. State Approved School of Nursing:

Registered Nurses ☐ YES ☒ NO

Licensed Practical Nurses ☐ YES ☒ NO

F. Medical School Affiliation ☐ YES ☒ NO

G. Tennessee Association of Public and Teaching Hospitals (TNPath) ☐ YES ☒ NO

H. National Association of Children's Hospitals and Related Institutions (NACHRI) ☐ YES ☒ NO

I. National Association of Public Hospitals (NAPH) ☐ YES ☒ NO

J. Other, please specify _____

Field is limited to 255 characters

SCHEDULE D - SERVICES*

State ID 19324

1. CERTIFICATE OF NEED:

Do you have an approved **but not completed**, certificate of need (CON) ? ☐ YES ☒ NO

If yes, please specify:

Name of Service or Activity Requiring the CON	# of Beds (if applicable)	Date of Approval
_____	_____0_____	_____
_____	_____0_____	_____
_____	_____0_____	_____

2. Does your hospital own or operate Tennessee physician primary care clinics? ☐ YES ☒ NO If yes, how many? _____0_____

How many physicians practice in these clinics? _____0_____

3. Does your hospital own or operate other physician/specialty clinics located in Tennessee? ☐ YES ☒ NO If yes, how many? _____0_____

How many physicians practice in these clinics? _____0_____

4. Does your hospital own or operate a blood bank? ☐ YES ☒ NO

If yes, please indicate:

- A. Distributes blood within the hospital ☒ YES ☐ NO
- B. Collects blood within the hospital ☒ YES ☐ NO
- C. Distributes blood outside the hospital ☒ YES ☐ NO
- D. Collects blood from outside the hospital ☒ YES ☐ NO

5. Does your hospital own or operate an ambulance service? ☐ YES ☒ NO

If yes, please specify the counties where services are located.

Please specify the type of service and ownership relationship:

- A. Land Transport ☐ YES ☒ NO If yes, ☐ own; ☐ operate; ☐ own and operate; ☐ own in joint venture
- B. Helicopter ☐ YES ☒ NO If yes, ☐ own; ☐ operate; ☐ own and operate; ☐ own in joint venture
- C. Special Neonatal Helicopter ☐ YES ☒ NO If yes, ☐ own; ☐ operate; ☐ own and operate; ☐ own in joint venture
- D. Special Neonatal Land Transport ☐ YES ☒ NO If yes, ☐ own; ☐ operate; ☐ own and operate; ☐ own in joint venture

SCHEDULE D - SERVICES (continued)*

State ID 19324

6. Does your hospital own or operate an off-site outpatient/ambulatory clinic located in Tennessee? ☐ YES ☒ NO

If yes, please complete the following.

Name of Clinic	County	City	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Clinic	County	City	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture

7. Does your hospital own or operate an off-site ambulatory surgical treatment center located in Tennessee? ☐ YES ☒ NO

If yes, please complete the following.

Name of Center	County	City	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
			<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture

8. Does your hospital own or operate an off-site birthing center located in Tennessee? ☐ YES ☒ NO

If yes, please complete the following.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Center	County	City				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Center	County	City				

9. Does your hospital own or operate an off-site outpatient diagnostic center located in Tennessee? ☒ YES ☐ NO

If yes, please complete the following.

Centennial Imaging Center	Davidson	Nashville	<input type="radio"/> own	<input type="radio"/> operate	<input checked="" type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Center	County	City				
			<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Center	County	City				

10. Does your hospital own or operate an off-site outpatient physical therapy rehab center located in Tennessee? ☐ YES ☒ NO

If yes, please complete the following.

Name of Center	County	City	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
			<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture

SCHEDULE D - SERVICES (continued)*

State ID 19324

11. Does your hospital own or operate a hospice that has a separate license located in Tennessee? ☐ YES ☒ NO

If yes, please complete the following.

_____	_____	_____	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Hospice	County	City				
_____	_____	_____	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Hospice	County	City				

12. Does your hospital own or operate an off-site assisted-care living facility located in Tennessee? ☐ YES ☒ NO

If yes, please complete the following.

_____	_____	_____	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Facility	County	City				
_____	_____	_____	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Facility	County	City				

13. Does your hospital own or operate a home for the aged located in Tennessee? ☐ YES ☒ NO

If yes, please complete the following.

_____	_____	_____	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Home	County	City				
_____	_____	_____	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Home	County	City				

14. Does your hospital own or operate an urgent care center? ☐ YES ☒ NO

If yes, please complete the following.

_____	_____	_____	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Center	County	City				
_____	_____	_____	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture
Name of Center	County	City				

15. Does your hospital own or operate a home health agency? ☐ YES ☒ NO

If yes, please complete the following.

Name of Agency: _____	Name of Agency: _____
Location of Agency: City _____ County _____	Location of Agency: City _____ County _____
Number of Visits _____	Number of Visits _____
<input type="radio"/> own <input type="radio"/> operate <input type="radio"/> own and operate <input type="radio"/> own in joint venture	<input type="radio"/> own <input type="radio"/> operate <input type="radio"/> own and operate <input type="radio"/> own in joint venture

SCHEDULE D - SERVICES (continued)*

State ID 19324

16. Does your hospital own or operate an off-site nursing home located in Tennessee? ☐ YES ☒ NO

If yes, please complete the following.

_____ ☐ own ☐ operate ☐ own and operate ☐ own in joint venture
 Name of Home County City
 Number of Beds - Total 0 = Medicare only (SNF) _____ + Medicaid only (NF) _____ + Medicare/Medicaid (SNF/NF) _____ + Not Certified _____

_____ ☐ own ☐ operate ☐ own and operate ☐ own in joint venture
 Name of Home County City
 Number of Beds - Total 0 = Medicare only (SNF) _____ + Medicaid only (NF) _____ + Medicare/Medicaid (SNF/NF) _____ + Not Certified _____

17. Does your hospital operate a hospital-based skilled nursing unit (subacute unit) licensed as a nursing home for skilled nursing care (excluding swing beds)? ☐ YES ☒ NO If yes, please complete the following.

_____	_____	_____
Name of SNF	Number of Licensed Beds	Number of Staffed Beds
	_____	_____
	Number of Admissions	Number of Patient Days

18. Does your hospital own, operate, or contract a mobile unit that operates in Tennessee? ☒ YES ☐ NO

If yes, specify name(s) and whether owned, operated, or contracted.

A. List mobile services:

1	<u>Lithotripsy</u>	<input checked="" type="radio"/> contract	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture	<u>151</u>	# of visits
2	_____	<input type="radio"/> contract	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture	_____	# of visits
3	_____	<input type="radio"/> contract	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture	_____	# of visits
4	_____	<input type="radio"/> contract	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture	_____	# of visits
5	_____	<input type="radio"/> contract	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture	_____	# of visits
6	_____	<input type="radio"/> contract	<input type="radio"/> own	<input type="radio"/> operate	<input type="radio"/> own and operate	<input type="radio"/> own in joint venture	_____	# of visits

B. List counties served (where you take the service):

List counties for service 1 in 18A on line 1, for service 2 on line 2, etc.

1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____

SCHEDULE D - SERVICES (continued)*

State ID 19324

19. HOSPITAL-BASED SERVICES (See Explanation):

Utilization of Selected Services	Is This Service Provided In Your Hospital?		To Inpatients		To Outpatients	
	YES	NO	Unit of Measure	Number	Unit of Measure	Number
A. Miscellaneous:						
Lithotripsy						
Percutaneous	<input checked="" type="radio"/>	<input type="radio"/>	Procedures	<u>1</u>	Procedures	<u>0</u>
Extracorporeal Shock Wave	<input checked="" type="radio"/>	<input type="radio"/>				
# fixed units inside hospital <u>0</u>			Procedures	<u>0</u>	Procedures	<u>0</u>
# fixed units off site <u>0</u>					Procedures	<u>0</u>
# of mobile units <u>1</u>			Procedures	<u>7</u>	Procedures	<u>143</u>
# days per week (mobile units) <u>1</u>						
Renal Dialysis						
# of dedicated stations <u>0</u>						
Hemo Dialysis	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>2,357</u>	Patients	<u>105</u>
			Treatments	<u>0</u>	Treatments	<u>0</u>
Peritoneal Dialysis	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>0</u>	Patients	<u>0</u>
			Treatments	<u>0</u>	Treatments	<u>0</u>
B. Oncology/Therapies:						
Chemotherapy	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>40</u>	Patients	<u>173</u>
					Encounters	<u>1,046</u>
Hyperthermia	<input type="radio"/>	<input checked="" type="radio"/>	Treatments	<u>0</u>	Treatments	<u>0</u>
Radiation Therapy-Megavoltage	<input checked="" type="radio"/>	<input type="radio"/>				
# fixed units inside hospital <u>3</u>			Patients	<u>41</u>	Patients	<u>936</u>
# fixed units off site <u>0</u>			Treatments	<u>1,563</u>	Treatments	<u>7,289</u>

SCHEDULE D - SERVICES (continued)*

State ID 19324

Utilization of Selected Services	Is This Service Provided In Your Hospital?		To Inpatients		To Outpatients	
	YES	NO	Unit of Measure	Number	Unit of Measure	Number
C. Radiology:						
Computerized Tomographic						
Scanners CT/CAT	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>0</u>	Visits	<u>11.902</u>
# fixed units inside hospital <u>3</u>			Procedures	<u>9.270</u>	Procedures	<u>13.171</u>
# fixed units off site <u>1</u>					Procedures	<u>1.405</u>
# of mobile units <u>0</u>			Procedures	<u>0</u>	Procedures	<u>0</u>
# days per week (mobile units) <u>0</u>						
Ultrafast CT	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>	Visits	<u>0</u>
# fixed units inside hospital <u>0</u>			Procedures	<u>0</u>	Procedures	<u>0</u>
# fixed units off site <u>0</u>					Procedures	<u>0</u>
# of mobile units <u>0</u>			Procedures	<u>0</u>	Procedures	<u>0</u>
# days per week (mobile units) <u>0</u>						
Magnetic Resonance Imaging	<input checked="" type="radio"/>	<input type="radio"/>				
# fixed units inside hospital <u>2</u>			Procedures	<u>2.343</u>	Procedures	<u>4.949</u>
# fixed units off site <u>1</u>					Procedures	<u>1.405</u>
# of mobile units <u>0</u>			Procedures	<u>0</u>	Procedures	<u>0</u>
# days per week (mobile units) <u>0</u>						
Nuclear Medicine	<input checked="" type="radio"/>	<input type="radio"/>	Procedures	<u>412</u>	Procedures	<u>1.441</u>
Radium Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Procedures	<u>26</u>	Procedures	<u>79</u>
Isotope Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Procedures	<u>1</u>	Procedures	<u>39</u>
Positron Emission Tomography	<input checked="" type="radio"/>	<input type="radio"/>				
# fixed units inside hospital <u>1</u>			Procedures	<u>116</u>	Procedures	<u>157</u>
# fixed units off site <u>0</u>					Procedures	<u>0</u>
# of mobile units <u>0</u>			Procedures	<u>0</u>	Procedures	<u>0</u>
# days per week (mobile units) <u>0</u>						
Mammography	<input checked="" type="radio"/>	<input type="radio"/>	Procedures	<u>27</u>	Procedures	<u>15.151</u>
# of ACR accredited units <u>4</u>						
# other fixed units inside hospital <u>0</u>						
# other fixed units off site <u>0</u>						
# of mobile units <u>0</u>						
# days per week (mobile units) <u>0</u>						
Bone Densitometry	<input checked="" type="radio"/>	<input type="radio"/>	Procedures	<u>5</u>	Procedures	<u>1.104</u>
# of units <u>1</u>						

SCHEDULE D - SERVICES (continued)*

State ID 19324

Note: Pediatric patients should be defined as patients 14 years old and younger.

<u>Utilization of Selected Services</u>	<u>Is This Service Provided In Your Hospital?</u>		<u>In Cath Lab Setting</u>		<u>Outside Cath Lab Setting</u>	
	YES	NO	Unit of Measure	Number	Unit of Measure	Number
D. Cardiac:						
Cardiac Catheterization						
Date Initiated <u>01/01/1998</u>						
# labs <u>7</u>						
Intra-Cardiac or Coronary Artery	<input checked="" type="radio"/>	<input type="radio"/>	Adult Procedures	<u>2.159</u>	Adult Procedures	<u>0</u>
			Pediatric Procedures	<u>0</u>	Pediatric Procedures	<u>0</u>
Percutaneous Transluminal Coronary Angioplasty	<input checked="" type="radio"/>	<input type="radio"/>	Adult Procedures	<u>84</u>	Adult Procedures	<u>0</u>
			Pediatric Procedures	<u>0</u>	Pediatric Procedures	<u>0</u>
Stents	<input checked="" type="radio"/>	<input type="radio"/>	Adult Procedures	<u>889</u>	Adult Procedures	<u>0</u>
			Pediatric Procedures	<u>0</u>	Pediatric Procedures	<u>0</u>
All Other Heart Procedures	<input checked="" type="radio"/>	<input type="radio"/>	Adult Procedures	<u>3.070</u>	Adult Procedures	<u>0</u>
			Pediatric Procedures	<u>0</u>	Pediatric Procedures	<u>0</u>
All Other Non-Cardiac Procedures	<input checked="" type="radio"/>	<input type="radio"/>	Adult Procedures	<u>600</u>	Adult Procedures	<u>0</u>
			Pediatric Procedures	<u>0</u>	Pediatric Procedures	<u>0</u>
Thrombolytic Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Adult Procedures	<u>0</u>	Adult Procedures	<u>0</u>
			Pediatric Procedures	<u>0</u>	Pediatric Procedures	<u>0</u>
			<u>To Inpatients</u>		<u>To Outpatients</u>	
Open Heart Surgery	<input checked="" type="radio"/>	<input type="radio"/>	Adult Operations	<u>1.028</u>		
# dedicated O.R.'s <u>5</u>			Pediatric Operations	<u>0</u>		
E. Surgery:						
Inpatient	<input checked="" type="radio"/>	<input type="radio"/>	Encounters	<u>8.228</u>		
# operating rooms <u>33</u>			Procedures	<u>10.065</u>		
Outpatient (one day)	<input checked="" type="radio"/>	<input type="radio"/>			Encounters	<u>1.630</u>
# dedicated O.R.'s <u>4</u>					Procedures	<u>2.514</u>
F. Rehabilitation:						
Cardiac	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>1.558</u>	Patients	<u>72</u>

SCHEDULE D - SERVICES (continued)*

State ID 19324

Utilization of Selected Services	Is This Service Provided In Your Hospital?		To Inpatients		To Outpatients	
	YES	NO	Unit of Measure	Number	Unit of Measure	Number
F. Rehabilitation (continued):						
Chemical Dependency	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>	Patients	<u>0</u>
			Episodes of Care	<u>0</u>	Episodes of Care	<u>0</u>
Nutritional Counseling	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>2,751</u>	Patients	<u>759</u>
			Episodes of Care	<u>0</u>	Episodes of Care	<u>0</u>
Pulmonary	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>0</u>	Patients	<u>11</u>
			Episodes of Care	<u>34</u>	Episodes of Care	<u>34</u>
G. Physical Rehabilitation:						
Occupational Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>4,530</u>	Patients	<u>162</u>
			Episodes of Care	<u>1,268</u>	Episodes of Care	<u>1,268</u>
Orthotic Services	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>	Patients	<u>0</u>
			Episodes of Care	<u>0</u>	Episodes of Care	<u>0</u>
Physical Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>6,921</u>	Patients	<u>836</u>
			Episodes of Care	<u>8,686</u>	Episodes of Care	<u>8,686</u>
Prosthetic Services	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>	Patients	<u>0</u>
			Episodes of Care	<u>0</u>	Episodes of Care	<u>0</u>
Speech/Language Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>2,226</u>	Patients	<u>18</u>
			Episodes of Care	<u>158</u>	Episodes of Care	<u>158</u>
Therapeutic Recreational Service	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>	Patients	<u>0</u>
			Episodes of Care	<u>0</u>	Episodes of Care	<u>0</u>
Do you have a dedicated inpatient physical rehabilitation unit? <input type="radio"/> YES <input checked="" type="radio"/> NO						
If yes, please complete the following. Number of assigned beds <u>0</u> Number of admissions <u>0</u> Number of patient days <u>0</u>						
Do you have a dedicated outpatient physical rehabilitation unit? <input type="radio"/> YES <input checked="" type="radio"/> NO						
H. Pain Management:	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>33</u>	Patients	<u>182</u>

SCHEDULE D - SERVICES (continued)*

State ID 19324

Utilization of Selected Services	Is This Service Provided In Your Hospital?		To Inpatients		To Outpatients	
	YES	NO	Unit of Measure	Number	Unit of Measure	Number
I. Obstetrics/Newborn:						
Obstetrics Level of Care						
Level I	<input checked="" type="radio"/>	<input type="radio"/>				
Level II	<input checked="" type="radio"/>	<input type="radio"/>				
Level III	<input checked="" type="radio"/>	<input type="radio"/>				
Cesarean Section Deliveries	<input checked="" type="radio"/>	<input type="radio"/>	Deliveries	<u>1.402</u>		
Non C-Section Deliveries	<input checked="" type="radio"/>	<input type="radio"/>	Deliveries	<u>1.810</u>		
Birthing Rooms	<input checked="" type="radio"/>	<input type="radio"/>	Deliveries	<u>3.212</u>		
# rooms <u>0</u>						
# LDRP beds <u>0</u>						
# LDR beds <u>12</u>						
Labor Rooms	<input type="radio"/>	<input checked="" type="radio"/>				
# rooms <u>0</u>						
Postpartum Services	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>3.212</u>	Visits	<u>748</u>
# beds <u>25</u>						
Newborn Nursery	<input checked="" type="radio"/>	<input type="radio"/>	Infants Discharged	<u>2.634</u>		
# bassinets <u>36</u>			Patient Days	<u>6.686</u>		
Premature Nursery	<input checked="" type="radio"/>	<input type="radio"/>	Infants Discharged	<u>628</u>		
# bassinets <u>60</u>			Patient Days	<u>17.890</u>		
Isolation Nursery	<input checked="" type="radio"/>	<input type="radio"/>	Patient Days	<u>1.804</u>		
# bassinets <u>3</u>						

SCHEDULE D - SERVICES (continued)*

State ID 19324

Utilization of Selected Services	Is This Service Provided In Your Hospital?		To Inpatients		To Outpatients	
	YES	NO	Unit of Measure	Number	Unit of Measure	Number
J. Transplants:						
Organs						
Total Donors			Donors	<u>0</u>		
Total Harvested	<input checked="" type="radio"/>	<input type="radio"/>	Donations	<u>0</u>		
Transplants	<input checked="" type="radio"/>	<input type="radio"/>	Transplants	<u>48</u>		
Organ Bank	<input type="radio"/>	<input checked="" type="radio"/>	Organs	<u>0</u>		
Type of Organ:						
Heart	<input type="radio"/>	<input checked="" type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>0</u>		
Liver	<input type="radio"/>	<input checked="" type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>0</u>		
Kidneys	<input checked="" type="radio"/>	<input type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>48</u>		
Pancreas	<input type="radio"/>	<input checked="" type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>0</u>		
Intestine	<input type="radio"/>	<input checked="" type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>0</u>		
Any Other _____	<input type="radio"/>	<input checked="" type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>0</u>		
Tissues						
Total Donors			Donors	<u>0</u>		
Total Harvested	<input checked="" type="radio"/>	<input type="radio"/>	Donations	<u>0</u>		
Transplants	<input checked="" type="radio"/>	<input type="radio"/>	Transplants	<u>1.876</u>		
Tissue Bank	<input checked="" type="radio"/>	<input type="radio"/>	Tissues	<u>1.876</u>		
Type of Tissue:						
Eye	<input checked="" type="radio"/>	<input type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>0</u>	# Transplanted	<u>9</u>
Bone	<input checked="" type="radio"/>	<input type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>1.476</u>	# Transplanted	<u>0</u>
Bone Marrow	<input checked="" type="radio"/>	<input type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>0</u>	# Transplanted	<u>0</u>
Connective	<input checked="" type="radio"/>	<input type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>10</u>	# Transplanted	<u>0</u>
Cardiovascular	<input checked="" type="radio"/>	<input type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>39</u>	# Transplanted	<u>0</u>
Stem Cell	<input checked="" type="radio"/>	<input type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>233</u>	# Transplanted	<u>0</u>
Other <u>SKIN</u>	<input checked="" type="radio"/>	<input type="radio"/>	# Harvested	<u>0</u>		
			# Transplanted	<u>118</u>	# Transplanted	<u>0</u>

SCHEDULE D - SERVICES (continued)*

State ID 19324

Utilization of Selected Services	Is This Service Provided In Your Hospital?		To Inpatients		To Outpatients	
	YES	NO	Unit of Measure	Number	Unit of Measure	Number
K. Other:						
Hyperbaric Oxygen Therapy	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>		
Gamma Knife	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>	Patients	<u>0</u>
Cyberknife	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>8</u>	Patients	<u>224</u>
L. Intensive/Intermediate:						
Burn Care Unit # beds <u>0</u>	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>	Patients	<u>0</u>
			Patient Days	<u>0</u>		
Cardiac Care Unit # beds <u>32</u>	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>1,707</u>		
			Patient Days	<u>6,241</u>		
Medical Intensive Care Unit # beds <u>0</u>	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>		
			Patient Days	<u>0</u>		
Mixed Intensive Care Unit # beds <u>32</u>	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>1,793</u>		
			Patient Days	<u>7,612</u>		
Neonatal Level of Care (Indicate highest level of care.)						
Level I # beds <u>0</u>	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>0</u>		
			Patient Days	<u>0</u>		
Level II A # beds <u>0</u>	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>		
			Patient Days	<u>0</u>		
Level II B # beds <u>36</u>	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>311</u>		
			Patient Days	<u>8,426</u>		
Level III A # beds <u>0</u>	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>		
			Patient Days	<u>0</u>		
Level III B # beds <u>0</u>	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>		
			Patient Days	<u>0</u>		
Level III C # beds <u>24</u>	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>351</u>		
			Patient Days	<u>9,503</u>		
Pediatric Care Unit # beds <u>10</u>	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>280</u>		
			Patient Days	<u>586</u>		
Stepdown ICU # beds <u>0</u>	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>		
			Patient Days	<u>0</u>		
Stepdown CCU # beds <u>0</u>	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>		
			Patient Days	<u>0</u>		
Surgical Intensive Care Unit # beds <u>0</u>	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>		
			Patient Days	<u>0</u>		

SCHEDULE D - SERVICES (continued)*

State ID 19324

Utilization of Selected Services	Is This Service Provided In Your Hospital?		To Inpatients		To Outpatients	
	YES	NO	Unit of Measure	Number	Unit of Measure	Number
L. Intensive/Intermediate (continued):						
Other, specify <u>CVICU</u>	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>333</u>		
Number of beds <u>16</u>			Patient Days	<u>2,193</u>		
Other, specify <u>NSICU</u>	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>578</u>		
Number of beds <u>8</u>			Patient Days	<u>2,097</u>		
M. Psychiatric Partial Hospitalization	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>		
N. Psychiatric Intensive Outpatient Care	<input checked="" type="radio"/>	<input type="radio"/>			Patients	<u>1,794</u>
O. Electroconvulsive Treatment	<input checked="" type="radio"/>	<input type="radio"/>	Patients	<u>158</u>	Patients	<u>120</u>
			Treatments	<u>1,541</u>	Treatments	<u>1,016</u>
P. Other Convulsive Treatment	<input type="radio"/>	<input checked="" type="radio"/>	Patients	<u>0</u>	Patients	<u>0</u>
			Treatments	<u>0</u>	Treatments	<u>0</u>
Q. Negative Pressure Ventilated Room	<input checked="" type="radio"/>	<input type="radio"/>				
If yes, number of beds <u>44</u>						
R. 23 Hour Observation	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Outpatients	<u>5,452</u>		
S. Cancer Patients:						
1. How many patients were diagnosed with cancer at your facility during this reporting period?			<u>1,108</u>			
2. How many patients were both diagnosed and provided the first course of treatment for cancer at your facility during this reporting period?			<u>940</u>			
3. How many patients were diagnosed elsewhere but provided the first course of treatment at your facility during this reporting period?			<u>587</u>			

SCHEDULE E - FINANCIAL DATA*

State ID 19324

Dates covered from 01/01/2013 to 12/31/2013 Use zeros where applicable. Do not leave blank lines in this schedule.

A. CHARGES (For reporting period only. Do not include revenue related losses; round to the nearest dollar.)

	Gross Patient Charges	minus	Adjustments To Charges	equals	Net Patient Revenue
1. Government					
a) Medicare Inpatient - Total (include managed care)	\$837,658,852	-	\$687,944,124	=	\$149,714,728
1) Medicare Managed Care - Inpatient	\$271,237,266	-	\$223,855,641	=	\$47,381,625
b) Medicare Outpatient - Total (include managed care)	\$295,817,143	-	\$262,732,964	=	\$33,084,179
1) Medicare Managed Care - Outpatient	\$106,310,802	-	\$92,057,759	=	\$14,253,043
c) Medicaid/TennCare Inpatient* (for EAH use 7.b.2.)	\$215,106,877	-	\$175,995,059	=	\$39,111,818
d) Medicaid/TennCare Outpatient* (for EAH use 7.b.2.)	\$89,910,620	-	\$77,947,362	=	\$11,963,258
e) Other	\$0	-	\$0	=	\$0
f) Total Government Sources	\$1,438,493,492	-	\$1,204,619,509	=	\$233,873,983
2. Cover Tennessee * see instructions					
a) Cover TN	\$1,204,184	-	\$450,158	=	\$754,026
b) Cover Kids	\$702,993	-	\$262,799	=	\$440,194
c) Access Tennessee	\$143,625	-	\$53,691	=	\$89,934
d) Total Cover Tennessee	\$2,050,802	-	\$766,648	=	\$1,284,154
3. Nongovernment					
a) Self-Pay	\$136,773,164	-	\$131,750,749	=	\$5,022,415
b) Blue Cross Blue Shield	\$321,586,452	-	\$216,509,425	=	\$105,077,027
c) Commercial Insurers (excludes Workers Comp)	\$508,914,746	-	\$331,012,423	=	\$177,902,323
d) Workers Compensation	\$12,025,901	-	\$8,367,039	=	\$3,658,862
e) Other	\$63,240,598	-	\$47,861,403	=	\$15,379,195
f) Total Nongovernment Sources	\$1,042,540,861	-	\$735,501,039	=	\$307,039,822
4. Totals					
a) Total Inpatient (excludes Newborn)	\$1,633,843,746				
b) Newborns	\$11,231,451				
c) Total Inpatient (includes Newborn) (A4a + A4b)	\$1,645,075,197	-	\$1,252,976,396	=	\$392,098,801
d) Total Outpatient	\$838,009,958	-	\$687,910,800	=	\$150,099,158
e) Grand Total (A1f + A2d + A3f)	\$2,483,085,155	-	\$1,940,887,196	=	\$542,197,959
5. Bad Debt					
a) Medicare Enrollees			\$2,238,642		
b) Other Government			\$571,175		
c) Cover Tennessee			\$143,324		
d) Blue Cross and Commercially Insured Patients			\$6,983,250		
e) All Other			\$85,264,366		
f) Total Bad Debt			\$95,200,757		
6. Nongovernment and Cover Tennessee Adjustments to Charges					
a) Nongovernment Contractual			\$725,262,259	Amount of discounts provided to uninsured patients	\$70,964,437
b) Cover Tennessee Contractual			\$0		
c) Charity Care - Inpatient			\$10,100,599		
d) Charity Care - Outpatient			\$3,212,584	\$13,313,183	\$108,513,940
e) Other Adjustments, specify types			-\$3,074,403	Total Charity (A6c + A6d)	Total Charity plus Bad Debt (A5f + A6c + A6d)
f) Total Nongovernment Adjustments			\$735,501,039		

SCHEDULE E - FINANCIAL DATA (continued)*

State ID 19324

A. CHARGES (continued)

7. Other Operating Revenue

a) Tax appropriations	<u>\$0</u>
b) State and Local government contributions:	
1) Amount designated to offset indigent care	<u>\$0</u>
2) Essential Access Hospital (EAH) payments	<u>\$1,884,105</u>
3) Critical Access Hospital (CAH) payments	<u>\$0</u>
4) Amount used for other	<u>\$734,956</u>
5) Total	<u>\$2,619,061</u>
c) Other contributions:	
1) Amount designated to offset indigent care	<u>\$0</u>
2) Amount used for other	<u>\$0</u>
3) Total	<u>\$0</u>
d) Other (include cafeteria, gift shop, etc.)	<u>\$3,567,942</u>
e) Total other operating revenue	<u>\$6,187,003</u>
(A7a + A7b5 + A7c3 + A7d)	

8. Nonoperating Revenue (No negative numbers! Losses or expenses should be reported in B2g.)

a) Contributions	<u>\$0</u>
b) Grants	<u>\$0</u>
c) Interest Income	<u>\$17,841,144</u>
d) Other	<u>\$0</u>
e) Total nonoperating revenue	<u>\$17,841,144</u>
(add A8a through A8d)	
f) TOTAL REVENUE	<u>\$566,226,106</u>
(Net A4e + A7e + A8e)	

B. EXPENSES (for the reporting period only; round to the nearest dollar)

1. Payroll Expenses for all categories of personnel specified below; (see definitions page)

a) Physicians and dentists (include only salaries)	<u>\$282,630</u>
b) Medical and dental residents (include medical and dental interns)	<u>\$0</u>
c) Trainees (medical technology, x-ray therapy, administrative, and so forth)	<u>\$0</u>
d) Registered and licensed practical nurses	<u>\$66,554,223</u>
e) All other personnel	<u>\$78,861,682</u>
f) Total payroll expenses	<u>\$145,698,535</u>
(add B1a through B1e)	

2. Nonpayroll Expenses

a) Employee benefits (social security, group insurance, retirement benefits)	<u>\$38,622,409</u>
b) Professional fees (medical, dental, legal, auditing, consultant and so forth)	<u>\$10,787,460</u>
c) Contracted nursing services (include staff from nursing registries, service contracts, and temporary help agencies)	<u>\$5,256,036</u>
d) Depreciation expense	<u>\$32,788,556</u>
e) Interest expense	<u>\$0</u>
f) Energy expense	<u>\$6,019,013</u>
g) All other expenses (supplies, purchased services, nonoperating expenses, and so forth)	<u>\$268,382,774</u>
h) Total nonpayroll expenses (add B2a through B2g)	<u>\$361,856,248</u>
i) TOTAL EXPENSES (add B1f + B2h)	<u>\$507,554,783</u>

3. Are system overhead/management fees included in your expenses?

☒ YES ☐ NOIf yes, specify amount \$35,523,447

C. CURRENT ASSETS

1. Current Assets is defined as the value of cash, accounts receivable, inventories, marketable securities and other assets that could be converted to cash in less than 1 year.

What were your current assets on the last day of your reporting period (specified in Schedule A7 on page 2)? \$108,440,201

Net receivables are defined as the collectibles as of the last day of your reporting period, whether or not they are currently due.

2. What were your net receivables on the last day of your reporting period? \$89,602,722

D. FIXED ASSETS recorded on the balance sheet at the end of the reporting period (include actual or estimated value of plant/equipment that is leased).

- | | |
|--|----------------------|
| 1. Gross plant and equipment assets (including land, building, and equipment) | <u>\$516,774,986</u> |
| 2. LESS: Deduction for accumulated depreciation | <u>\$290,488,353</u> |
| 3. NET FIXED plant and equipment assets (D.1. Less D.2.; if zero please explain on separate sheet) | <u>\$226,286,633</u> |

E. OTHER ASSETS recorded on the balance sheet at the end of the reporting period (include assets not included above as current or fixed assets).

What were your other assets on the last day of your reporting period (specified in Schedule A7 on page 2)? \$45,834,243

F. TOTAL ASSETS

Total Assets is the sum of current assets, fixed assets and other assets (C.1.+D.3.+E.).

What were your total assets on the last day of your reporting period (specified in Schedule A7 on page 2)? \$380,561,077

G. CURRENT LIABILITIES

Current liabilities is defined as the amount owed for salaries, interest, accounts payable, and other debts due within one (1) year. What were your current liabilities on the last day of your reporting period? \$36,348,035

H. LONG TERM LIABILITIES

1. Long Term Liabilities is defined as the amount owed for leases, bond repayment and other items due after one (1) year. What were your long term liabilities on the last day of your reporting period? \$231,965

2. Long Term Debt is defined as the value of obligations of over 1 year that require interest to be paid. What was your long term debt on the last day of your reporting period? \$17,383,462

I. OTHER LIABILITIES

Other liabilities includes those liabilities not reported as current (item G.) or long term (item H.1.).

What were your total liabilities on the last day of your reporting period (specified in Schedule A7 on page 2)? \$421,550,140

J. CAPITAL ACCOUNT

Capital Account includes Fund Balance or Stockholder's Equity and all general, specific purpose, restricted or unrestricted funds. The Capital Account is the excess of assets over its liabilities.

What was your capital account on the last day of your reporting period? \$748,147,756

Note: Total Assets should equal Liabilities plus Capital Account (i.e. item F.=G.+H.1.+I.+J.).

K. 1. Federal Income Tax:

\$35,721,986

2. Local Property Taxes Paid During the Reporting Period:

a) Taxes on the Inpatient Facility \$3,698,037

b) Taxes on all Other Property \$0

3. Other Local, State, or Federal Taxes:

(exclude sales tax)

\$916,407

L. Does your hospital bill include charges incurred for the following professional services?

Radiology - ☐ YES ☒ NO Pathology - ☒ YES ☐ NO Anesthesiology - ☐ YES ☒ NO Other - Specify _____

SCHEDULE E - FINANCIAL DATA (continued)*

State ID 19324

M. TennCare Utilization and Revenue:

1. Inpatient Utilization and Revenue for TennCare Managed Care Organizations:

MCO	NUMBER OF ADMISSIONS	NUMBER OF PATIENT DAYS	GROSS REVENUE	NET REVENUE
United Health Care Community Plan	2,231	12,344	\$106,792,948	\$21,673,295
Amerigroup	1,872	9,632	\$87,251,923	\$12,126,240
Blue Care	27	125	\$1,578,066	\$193,821
TennCare Select	92	573	\$5,194,317	\$541,512
TennCare, MCO (Not Specified)	0	0	\$0	\$0
Total MCO	4,222	22,674	\$200,817,254	\$34,534,868

2. Outpatient Utilization and Revenue for TennCare Managed Care Organizations:

MCO	NUMBER OF PATIENTS	NUMBER OF VISITS	GROSS REVENUE	NET REVENUE
United Health Care Community Plan	10,829	12,280	\$52,554,648	\$5,973,264
Amerigroup	7,400	8,258	\$34,527,288	\$2,898,830
Blue Care	125	129	\$843,010	\$53,838
TennCare Select	387	491	\$1,327,229	\$110,690
TennCare, MCO (Not Specified)	5	5	\$6,569	\$477
Total MCO	18,746	21,163	\$89,258,744	\$9,037,099

SCHEDULE F - BEDS AND BASSINETS*

State ID 19324

1. PLEASE GIVE THE NUMBER OF:

A. TOTAL LICENSED ADULT AND PEDIATRIC BEDS AS OF THE LAST DAY OF THE REPORTING PERIOD

(exclude beds in a sub-acute unit that are licensed as nursing home beds) 657

B. The number of adult and pediatric staffed beds set up, staffed and in use as of the last day of the reporting period. 650

C. NEWBORN NURSERY BASSINETS AS OF THE LAST DAY OF THE REPORTING PERIOD 36

D. Licensed Beds that were not staffed at any time during the reporting period. 11

2. STAFFED ADULT, PEDIATRIC, AND NEONATAL BEDS (exclude newborn nursery, include neonatal care units):

Was there a temporary or a permanent change in the total number of beds set up and staffed during the period? ☒ YES ☐ NO

If yes, give beds added or withdrawn (show increase by + and decrease by -) and date of change.

Bed change (+ or -) -11 Bed change (+ or -) 0 Bed change (+ or -) 0 Bed change (+ or -) 0

Date: 12/19/2013 Date: Date: Date:

3 SWING BEDS:

A. Does your facility utilize swing beds? ☐ YES ☒ NO If yes, number of Acute Care beds designated as Swing Beds. 0

B. PLEASE SPECIFY THE FOLLOWING FOR BEDS WHEN USED FOR LONG TERM SKILLED OR INTERMEDIATE CARE:

(How many admissions and how many days did you provide in the following categories?)

INTERMEDIATE CARE	ADMISSIONS	PATIENT DAYS
Private Pay	0	0
Other	0	0
Total	0	0

SKILLED CARE	ADMISSIONS	PATIENT DAYS
Commercial	0	0
Blue Cross	0	0
Medicare	0	0
Private Pay	0	0
Other	0	0
Total	0	0

SCHEDULE F - BEDS AND BASSINETS (continued)*

State ID 19324

4. A. Number of Beds Set Up and Staffed on a typical day

SERVICE	BEDS
Medical	36
Surgical	33
Medical/Surgical	167
Obstetrics	59
Gynecological	0
OB/GYN	0
Pediatric	11
Eye	0
Neonatal Care	60
Intensive Care (excluding Neonatal)	98
Orthopedic	54
Urology	0
Rehabilitation	0
Chronic/Extended Care	0
Pulmonary	0
Psychiatric	115
Psychiatric specifically for Children and Youth under age 18	0
Psychiatric specifically for Geriatric Patients	16
Chemical Dependency	17
Chemical Dependency specifically for Children and Youth under age 18	0
Chemical Dependency specifically for Geriatric Patients	17
Swing Beds (for long term skilled or intermediate care)	0
Other, specify	0
Unassigned	0
TOTAL	650

B. Number of Patients in hospital on a typical day. Exclude normal newborns (See Instructions), long term skilled or intermediate patients. 427

5. OBSERVATION BEDS

A. Do you use inpatient staffed beds for 23-hour observation? ☒ YES ☐ NO If yes, number of beds 193

B. Do you have beds assigned to dedicated 23-hour observation unit? ☐ YES ☒ NO If yes, number of beds 0

C. Do you have beds in a "same-day-surgery" unit that are used for both same-day surgery and 23-hour observation? ☐ YES ☒ NO
If yes, number of beds 0

SCHEDULE G - UTILIZATION*

State ID 19324

1. INPATIENT UTILIZATION (include normal newborns)

Patient Census Records:

Please indicate whether you are reporting Admissions and Inpatient Days ☐
 or Discharges and Discharge Patient Days ☒

2. UTILIZATION BY MAJOR DIAGNOSTIC CATEGORIES:

MAJOR DIAGNOSTIC CATEGORIES	ADMISSIONS OR DISCHARGES	INPATIENT DAYS OR DISCHARGE PATIENT DAYS
01 Nervous System	1,394	7,992
02 Eye	56	156
03 Ear, Nose, Mouth and Throat	249	535
04 Respiratory System	2,089	11,262
05 Circulatory System	4,422	22,185
06 Digestive System	2,106	10,099
07 Hepatobiliary System & Pancreas	674	3,067
08 Musculoskeletal Sys. & Connective Tissue	3,110	9,473
09 Skin, Subcutaneous Tissue & Breast	514	1,765
10 Endocrine, Nutritional & Metabolic	1,020	3,370
11 Kidney & Urinary Tract	1,062	4,581
12 Male Reproductive System	220	419
13 Female Reproductive System	693	2,002
14 Pregnancy, Childbirth & the Puerperium	3,593	11,231
15 Normal Newborns & Other Neonates with Conditions Originating in the Perinatal Period	3,337	23,968
16 Blood and Blood Forming Organs and Immunological Disorders	333	1,395
17 Myeloproliferative Disorders & Poorly Differentiated Neoplasms	411	3,783
18 Infectious & Parasitic Diseases	994	7,390
19 Mental Diseases & Disorders	2,998	29,480
20 Alcohol/Drug Use & Alcohol/Drug-Induced Organic Mental Disorders	514	2,595
21 Injuries, Poisoning, & Toxic Effects of Drugs	388	1,254
22 Burns	1	4
23 Factors Influencing Health Status and Other Contacts with Health Services	187	658
24 Multiple Significant Trauma	4	12
25 Human Immunodeficiency Virus Infections	15	127
26 Other DRGs Associated with All MDCs	236	3,734
TOTAL	30,620	162,537

SCHEDULE G - UTILIZATION (continued)*

State ID 19324

3. UTILIZATION BY REVENUE SOURCE (excluding normal newborns -- see Instructions)

Patients should be categorized according to primary payer and counted only once.

Please indicate whether you are reporting Admissions and Inpatient Days ☐ or Discharges and Discharge Patient Days ☒

	ADMISSIONS OR DISCHARGES	INPATIENT DAYS OR DISCHARGE PATIENT DAYS	OUTPATIENT VISITS*
a) Self Pay	1,460	6,673	10,209
b) Blue Cross/Blue Shield	3,888	18,289	32,549
c) Champus/TRICARE	469	4,351	2,766
d) Commercial Insurance (excludes Workers Comp)	4,827	22,062	48,066
e) Cover TN	12	52	37
f) Cover Kids	33	90	132
g) Access TN	3	11	28
h) Medicaid/TennCare	4,292	23,356	21,328
i) Medicare - Total	12,819	80,125	68,395
Medicare Managed Care	4,028	24,430	20,007
j) Workers Compensation	89	319	1,981
k) Other	172	766	996
l) Total	28,064	156,094	186,487

* Should include emergency department visits and hospital outpatient visits

4. NUMBER OF PATIENTS BY AGE GROUP (excluding normal newborns -- see Instructions)

Please indicate whether you are reporting Admissions and Inpatient Days ☐ or Discharges and Discharge Patient Days ☒

Age	ADMISSIONS OR DISCHARGES	INPATIENT DAYS OR DISCHARGE PATIENT DAYS	OUTPATIENT VISITS*
Under 15 years	1,506	19,087	7,969
15-17 years	175	411	1,704
18-64 years	16,991	80,155	116,139
65-74 years	5,084	29,961	36,643
75-84 years	3,032	18,831	18,962
85 years & older	1,276	7,649	5,070
GRAND TOTAL	28,064	156,094	186,487

* Should include emergency department visits and hospital outpatient visits

SCHEDULE G - UTILIZATION (continued)*

State ID 19324

5. PATIENT ORIGIN (excluding normal newborns -- see Instructions)

Indicate usual residence of patients and number of patient days. Please indicate whether you are reporting

Admissions and Inpatient Days ☐ or Discharges and Discharge Patient Days ☒

** List only those counties in other states that represent at least 1 percent of the total admissions or discharges to your hospital.

If you have fewer than 500 total discharges or admissions annually, list only those counties that represent at least 2 percent of your total admissions or discharges.

County #	Tennessee County of Residence	Number of Admissions or Discharges	Number of Inpatient Days or Discharge Patient Days
01	Anderson	9	137
02	Bedford	244	1,851
03	Benton	73	243
04	Bledsoe	7	37
05	Blount	8	20
06	Bradley	6	38
07	Campbell	2	5
08	Cannon	186	977
09	Carroll	56	218
10	Carter	0	0
11	Cheatham	1,372	6,280
12	Chester	8	54
13	Claiborne	2	11
14	Clay	19	204
15	Cocke	2	6
16	Coffee	629	3,504
17	Crockett	8	34
18	Cumberland	82	499
19	Davidson	10,742	58,255
20	Decatur	35	209
21	DeKalb	269	1,501
22	Dickson	1,313	6,760
23	Dyer	8	52
24	Fayette	2	23
25	Fentress	24	122
26	Franklin	191	1,040
27	Gibson	27	156
28	Giles	103	598

5. PATIENT ORIGIN (continued)

County #	Tennessee County of Residence	Number of Admissions or Discharges	Number of Inpatient Days or Discharge Patient Days
29	Grainger	5	19
30	Greene	3	15
31	Grundy	46	340
32	Hamblen	10	51
33	Hamilton	62	472
34	Hancock	1	4
35	Hardeman	10	94
36	Hardin	39	203
37	Hawkins	1	5
38	Haywood	3	15
39	Henderson	25	117
40	Henry	96	377
41	Hickman	428	2,395
42	Houston	162	921
43	Humphreys	339	1,741
44	Jackson	34	191
45	Jefferson	3	8
46	Johnson	1	8
47	Knox	74	371
48	Lake	5	37
49	Lauderdale	11	120
50	Lawrence	280	1,786
51	Lewis	61	377
52	Lincoln	95	638
53	Loudon	10	27
54	McMinn	8	26
55	McNairy	14	71
56	Macon	113	820
57	Madison	37	230
58	Marion	4	12
59	Marshall	117	683
60	Maurry	514	2,870
61	Meigs	2	4
62	Monroe	4	22

5. PATIENT ORIGIN (continued)

County #	Tennessee County of Residence	Number of Admissions or Discharges	Number of Inpatient Days or Discharge Patient Days
63	Montgomery	901	5,725
64	Moore	11	75
65	Morgan	6	131
66	Obion	19	92
67	Overton	55	329
68	Perry	165	818
69	Pickett	6	30
70	Polk	0	0
71	Putnam	220	1,285
72	Rhea	2	8
73	Roane	9	35
74	Robertson	789	3,831
75	Rutherford	1,611	9,811
76	Scott	2	6
77	Sequatchie	8	80
78	Sevier	8	36
79	Shelby	35	156
80	Smith	123	735
81	Stewart	93	457
82	Sullivan	8	23
83	Sumner	1,582	9,585
84	Tipton	5	20
85	Trousdale	44	445
86	Unicoi	1	1
87	Union	2	6
88	Van Buren	11	129
89	Warren	253	1,533
90	Washington	2	5
91	Wayne	81	556
92	Weakley	31	148
93	White	78	425
94	Williamson	1,342	6,687
95	Wilson	766	4,680
96	TN County Unknown	0	0
Tennessee Total		26,313	145,787

5. PATIENT ORIGIN (continued)

State & County Residence	Number of Admissions or Discharges	Number of Inpatient Days or Discharge Patient Days
ALABAMA COUNTIES: (Specify)		
1) Lauderdale	15	70
2) Madison	14	85
Other Alabama Counties	37	182
<i>Alabama Total</i>	66	337
GEORGIA COUNTIES: (Specify)		
1) Dekalb	10	47
2) Fulton	8	17
Other Georgia Counties	43	232
<i>Georgia Total</i>	61	296
MISSISSIPPI COUNTIES: (Specify)		
1) Desoto	2	35
2) Lauderdale	2	4
Other Mississippi Counties	10	35
<i>Mississippi Total</i>	14	74
ARKANSAS COUNTIES: (Specify)		
1) Craighead	2	3
2) Garland	1	2
Other Arkansas Counties	6	12
<i>Arkansas Total</i>	9	17
MISSOURI COUNTIES: (Specify)		
1) St. Louis	2	17
2) Cass	1	2
Other Missouri Counties	3	28
<i>Missouri Total</i>	6	47

5. PATIENT ORIGIN (continued)

State & County Residence	Number of Admissions or Discharges	Number of Inpatient Days or Discharge Patient Days
KENTUCKY COUNTIES: (Specify)		
1) Christian	250	2,433
2) Warren	136	939
Other Kentucky Counties	813	3,936
<i>Kentucky Total</i>	1,199	7,308
VIRGINIA COUNTIES: (Specify)		
1) Virginia Beach	5	58
2) King George	1	7
Other Virginia Counties	4	24
<i>Virginia Total</i>	10	89
NORTH CAROLINA COUNTIES: (Specify)		
1) Wake	2	6
2) Onslow	1	1
Other North Carolina Counties	6	24
<i>North Carolina Total</i>	9	31
OTHER STATES: (Specify)		
1) Florida	36	225
2)	0	0
All Other States and Countries	341	1,883
RESIDENCE UNKNOWN:		
	0	0
GRAND TOTAL	28,064	156,094

SCHEDULE G - UTILIZATION (continued)*

State ID 19324

6. Delivery Status:

A. Number of Infants Born Alive 3,137

B. Number of Deaths Among Infants Born Alive 19

C. Number of Fetal Deaths (350 grams or 20 weeks or more gestation) 13

Provisional

SCHEDULE H - PSYCHIATRIC AND CHEMICAL DEPENDENCY UNITS*

State ID 19324

1. TYPE OF UNIT - PSYCHIATRIC:

- A. Do you have a dedicated psychiatric unit? ☒ YES ☐ NO If yes, please complete items on this page and on the next page.
 B. Do you have a designated Gero-Psychiatric Unit? ☒ YES ☐ NO

2. BEDS

- A. Number of assigned beds 132
 B. Date unit opened 12/01/1972

3. UTILIZATION BY AGE GROUPS:

Please indicate if you are reporting Admissions and Inpatient Days ☐ or Discharges and Discharge Patient Days. ☒

AGE GROUPS	Inpatient			Partial Care or Day Hospital	Outpatient
	Number of Patients on September 30	Number of Admissions or Discharges	Number of Inpatient or Discharge Patient Days	Number of Sessions	Number of Visits
Children and/or Adolescents Ages 0 - 17	0	1	2	0	0
Adults Ages 18 - 64	86	2,825	27,753	0	581
Elderly Ages 65 and older	54	1,077	17,626	0	460
Total	140	3,903	45,381	0	1,041

4. Is the psychiatric service managed under a management contract different from the hospital itself? ☐ YES ☒ NO

If yes, please specify name of organization that manages the unit. _____

5. Do you have contracts with Behavioral Health Organizations? ☒ YES ☐ NO

6. Does your hospital use:

If Yes,

- A. Seclusion ☒ YES ☐ NO
 B. Mechanical Restraints ☐ YES ☒ NO
 C. Physical Holding Restraints ☒ YES ☐ NO
 D. Chemical Restraints ☒ YES ☐ NO

Number of Patients Secluded or Restrained		Number of Times Seclusion or Restraint was Initiated	
Age 0-17	Age 18+	Age 0-17	Age 18+
0	97	0	139
0	0	0	0
0	6	0	6
0	11	0	11

SCHEDULE H - PSYCHIATRIC AND CHEMICAL DEPENDENCY UNITS (continued)*

State ID 19324

7. FINANCIAL DATA - PSYCHIATRIC

	INPATIENT CHARGES	plus	OUTPATIENT CHARGES	equals	TOTAL CHARGES	minus	ADJUSTMENTS TO CHARGES	equals	NET PATIENT REVENUE
A. GROSS PATIENT REVENUE & NET PATIENT REVENUE BY PAYER:									
1. Self Pay	\$2,152,352	+	\$30,924	=	\$2,183,276	-	\$1,637,457	=	\$545,819
2. Blue Cross/Blue Shield	\$10,186,501	+	\$220,864	=	\$10,407,365	-	\$5,382,304	=	\$5,025,061
3. Champus/TRICARE	\$690,629	+	\$9,856	=	\$700,485	-	\$577,555	=	\$122,930
4. Commercial Insurance (excludes Workers Comp)	\$17,433,217	+	\$413,977	=	\$17,847,194	-	\$10,015,020	=	\$7,832,174
5. Cover TN	\$35,972	+	\$15,492	=	\$51,464	-	\$29,489	=	\$21,975
6. Cover Kids	\$0	+	\$0	=	\$0	-	\$0	=	\$0
7. Access TN	\$0	+	\$0	=	\$0	-	\$0	=	\$0
8. Medicaid/TennCare	\$147,712	+	\$3,295	=	\$151,007	-	\$115,927	=	\$35,080
9. Medicare - Total	\$73,053,553	+	\$691,818	=	\$73,745,371	-	\$55,826,159	=	\$17,919,212
Medicare Managed Care	\$24,028,521	+	\$178,920	=	\$24,207,441	-	\$19,789,288	=	\$4,418,153
10. Workers Compensation	\$102,459	+	\$4,339	=	\$106,797	-	\$61,360	=	\$45,437
11. Other	\$288,102	+	\$0	=	\$288,102	-	\$199,367	=	\$88,735
B. NON-GOVERNMENT ADJUSTMENTS TO REVENUE									
1. Bad Debt							\$0		
2. Charity Care							\$0		
3. Contractual Adjustments							\$0		
4. Total							\$0		
5. Amount of discounts provided to uninsured patients							\$0		
8. A. SERVICE CHARGES									
	INPATIENT CHARGES		OUTPATIENT CHARGES						
1. Routine Treatment	\$95,468,469		\$0						
2. Ancillary Services	\$32,650,550		\$1,569,483						
3. Other	\$0		\$0						
4. Total	\$128,119,019		\$1,569,483						
B. Do these charges include physicians' fees? <input type="radio"/> YES <input checked="" type="radio"/> NO									

SCHEDULE H - PSYCHIATRIC AND CHEMICAL DEPENDENCY UNITS (continued)*

State ID 19324

1. TYPE OF UNIT - CHEMICAL DEPENDENCY:

Do you have a dedicated chemical dependency unit? ☒ YES ☐ NO If yes, please complete items on this page and on the next page.

2. BEDS

A. Number of assigned beds 0

B. Date unit opened 12/01/1972

3. UTILIZATION BY AGE GROUPS:

Please indicate if you are reporting Admissions and Inpatient Days ☐ or Discharges and Discharge Patient Days. ☒

AGE GROUPS	Inpatient			Partial Care or Day Hospital	Outpatient	Residential Care
	Number of Patients on September 30	Number of Admissions or Discharges	Number of Inpatient or Discharge Patient Days	Number of Sessions	Number of Visits	Number of Visits
Children and/or Adolescents Ages 0 - 17	0	0	0	0	0	0
Adults Ages 18 - 64	28	716	4,681	0	0	0
Elderly Ages 65 and older	1	36	330	0	0	0
Total	29	752	5,011	0	0	0

4. Is the chemical dependency service managed under a management contract different from the hospital itself? ☐ YES ☒ NO

If yes, please specify name of organization that manages the unit. _____

5. Do you have contracts with Behavioral Health Organizations? ☒ YES ☐ NO

SCHEDULE H - PSYCHIATRIC AND CHEMICAL DEPENDENCY UNITS (continued)*

State ID 19324

6. FINANCIAL DATA - CHEMICAL DEPENDENCY

	INPATIENT CHARGES	plus	OUTPATIENT CHARGES	equals	TOTAL CHARGES	minus	ADJUSTMENTS TO CHARGES	equals	NET PATIENT REVENUE
A. GROSS PATIENT REVENUE & NET PATIENT REVENUE BY PAYER:									
1. Self Pay	\$933,507	+	\$0	=	\$933,507	-	\$700,130	=	\$233,377
2. Blue Cross/Blue Shield	\$1,993,599	+	\$0	=	\$1,993,599	-	\$1,033,681	=	\$959,918
3. Champus/TRICARE	\$104,037	+	\$0	=	\$104,037	-	\$85,726	=	\$18,311
4. Commercial Insurance (excludes Workers Comp)	\$3,622,063	+	\$0	=	\$3,622,063	-	\$2,011,073	=	\$1,610,990
5. Cover TN	\$23,429	+	\$0	=	\$23,429	-	\$13,425	=	\$10,004
6. Cover Kids	\$0	+	\$0	=	\$0	-	\$0	=	\$0
7. Access TN	\$0	+	\$0	=	\$0	-	\$0	=	\$0
8. Medicaid/TennCare	\$14,647	+	\$0	=	\$14,647	-	\$11,197	=	\$3,450
9. Medicare - Total	\$6,202,125	+	\$0	=	\$6,202,125	-	\$4,693,148	=	\$1,508,977
Medicare Managed Care	\$1,400,966	+	\$0	=	\$1,400,966	-	\$1,144,589	=	\$256,377
10. Workers Compensation	\$41,118	+	\$0	=	\$41,118	-	\$23,231	=	\$17,886
11. Other	\$40,503	+	\$0	=	\$40,503	-	\$28,028	=	\$12,475

**B. NON-GOVERNMENT ADJUSTMENTS
TO REVENUE**

1. Bad Debt	\$0
2. Charity Care	\$0
3. Contractual Adjustments	\$0
4. Total	\$0
5. Amount of discounts provided to uninsured patients	\$0

7. A. SERVICE CHARGES

	INPATIENT CHARGES	OUTPATIENT CHARGES
1. Routine Treatment	\$10,602,859	\$0
2. Ancillary Services	\$3,773,133	\$1,569,483
3. Other	\$0	\$0
4. Total	\$14,375,992	\$1,569,483

B. Do these charges include physicians' fees?

☐ YES ☒ NO

SCHEDULE I - EMERGENCY DEPARTMENT*

State ID 19324

1. What is the direct telephone number into your Emergency Department? (615) 342-1505

2. Is the Emergency Department managed under a management contract different from the hospital itself? ☐ YES ☒ NO

If yes, with whom is the contract held? _____

3. Emergency Department:

Number of visits by payer:

A. Self Pay	<u>6.488</u>	H. Medicaid/Tenncare		L. Grand Total	<u>48.146</u>
B. Blue Cross/Blue Shield	<u>6.331</u>	United Health Care Community Plan	<u>8.231</u>		
C. Champus/TRICARE	<u>548</u>	Amerigroup	<u>6.197</u>		
D. Commercial Insurance (excludes Workers Comp)	<u>8.087</u>	Blue Care	<u>82</u>		
E. Cover TN	<u>26</u>	TennCare Select	<u>261</u>		
F. Cover Kids	<u>119</u>	TennCare, MCO (Not Specified)	<u>92</u>		
G. Access TN	<u>23</u>	TennCare Total	<u>14.863</u>		
		I. Medicare - Total	<u>11.237</u>		
		Medicare Managed Care	<u>4.271</u>		
		J. Workers Compensation	<u>343</u>		
		K. Other	<u>81</u>		

4. Is your Emergency Department staffed 24 hours per day? ☒ YES ☐ NO If no, please give hours covered. 0

SCHEDULE I - EMERGENCY DEPARTMENT (continued)*

State ID 19324

5. Indicate the number of the following personnel available in the hospital on a normal day and how many are available to the Emergency Department.

	ON HOSPITAL CAMPUS	IN EMERGENCY DEPARTMENT
A. PHYSICIANS:		
Board certified in Emergency Medicine	<u>30</u>	<u>30</u>
Board eligible in Emergency Medicine	<u>0</u>	<u>0</u>
Declared Speciality of Emergency Medicine	<u>36</u>	<u>36</u>
Board Certified Psychiatrists	<u>26</u>	<u>0</u>
Other Physicians Available to Emergency Department	<u>0</u>	<u>0</u>
B. NURSES:		
Nurse Practitioners	<u>2</u>	<u>0</u>
R.N.'s with formal emergency training and experience	<u>0</u>	<u>49</u>
Other R.N.'s	<u>0</u>	<u>0</u>
L.P.N.'s and other nursing support personnel	<u>0</u>	<u>0</u>
Clerical Staff	<u>103</u>	<u>3</u>
C. OTHER:		
E.M.T.	<u>0</u>	<u>10</u>
E.M.T. advanced	<u>0</u>	<u>0</u>

SCHEDULE I - EMERGENCY DEPARTMENT (continued)*

State ID 19324

6. SUPPORTIVE SERVICES:

A. COMMUNICATIONS:

Two-Way radio in ER with Access to:

Central Emergency Dispatch Center

Ambulances

Other hospitals

B. HELIPORT:

C. PHARMACY IN ER:

D. BLOOD BANK (check ONLY one):

Fully stocked

Common blood types only

YES NO

☒ ☐

☒ ☐

☐ ☒

☒ ☐

☐ ☒

☒

☐

7. Do you have dedicated centers for the provision of specialized emergency care for the following:

A. Designated Trauma Center

☐ YES ☒ NO

B. Burns

☐ YES ☒ NO

If yes, do you have a designation by a government agency as a Burn Center? ☐ YES ☐ NO

C. Pediatrics

☒ YES ☐ NO

D. Other, specify

8. Triage: A. Total number of patients who presented in your ER. 48,146

B. Total number treated in your ER. 48,146

C. Total number not treated in your ER but referred to physician or clinic for treatment. 0

SCHEDULE J - PERSONNEL ON PAYROLL AS OF LAST DAY OF REPORTING PERIOD AND USE OF CONTRACT EMPLOYEES*

State ID 19324

	Full-Time Equivalent**	Full-Time Equivalent Budgeted Vacancies	Use Contract Staff in this Employee Category***		Full-Time Equivalent**	Full-Time Equivalent Budgeted Vacancies	Use Contract Staff in this Employee Category***
1. Administration:				12. Radiological services:			
A. Administrators & Assistants	13.0	1.0	<input type="checkbox"/>	A. Radiographers (radiologic technologists)	22.8	0.0	<input type="checkbox"/>
B. Director, Health Services Research & Assistants	20.6	0.0	<input type="checkbox"/>	B. Radiation therapy technologists	7.7	0.0	<input type="checkbox"/>
C. Marketing & Planning Officer(s) & Assistants	0.0	0.0	<input type="checkbox"/>	C. Nuclear medicine technologists	5.0	0.0	<input type="checkbox"/>
D. Financial and Accounting Officer(s) & Assistants	4.0	0.0	<input type="checkbox"/>	D. Other radiologic personnel	77.2	3.0	<input type="checkbox"/>
2. Physician and Dental Services:				13. Therapeutic services:			
A. Physicians	1.0	0.0	<input type="checkbox"/>	A. Occupational therapists	6.0	0.0	<input type="checkbox"/>
B. Medical residents	0.0	0.0	<input type="checkbox"/>	B. Occupational therapy assistants & aides	0.0	0.0	<input type="checkbox"/>
C. Dentists	0.0	0.0	<input type="checkbox"/>	C. Physical therapists	9.2	0.0	<input type="checkbox"/>
D. Dental residents	0.0	0.0	<input type="checkbox"/>	D. Physical therapy assistants & aides . .	5.0	0.0	<input type="checkbox"/>
3. Nursing Services:				E. Recreational therapists	3.9	0.0	<input type="checkbox"/>
A. RNs - Administrative	83.7	4.0	<input type="checkbox"/>	14. Speech and hearing services:			
B. RNs - Patient care/clinical	810.5	48.6	<input checked="" type="checkbox"/>	A. Speech Pathologist	4.0	0.0	<input type="checkbox"/>
C. LPNs	0.0	0.0	<input type="checkbox"/>	B. Audiologist	0.0	0.0	<input type="checkbox"/>
D. Ancillary nursing personnel	2.6	0.0	<input type="checkbox"/>	15. Respiratory therapy services:			
4. Certified Nurse Midwives	0.0	0.0	<input type="checkbox"/>	A. Respiratory therapists	58.4	1.0	<input type="checkbox"/>
5. Nurse Anesthetists	0.0	0.0	<input type="checkbox"/>	B. Respiratory therapy technicians	0.0	0.0	<input type="checkbox"/>
6. Physicians assistants	0.0	0.0	<input type="checkbox"/>	16. Psychiatric services:			
7. Nurse practitioners	1.0	0.0	<input type="checkbox"/>	A. Clinical psychologists	0.0	0.0	<input type="checkbox"/>
8. Medical record service:				B. Psychiatric social workers	15.1	0.0	<input type="checkbox"/>
A. Medical record administrators	0.0	0.0	<input type="checkbox"/>	C. Psychiatric registered nurses	98.9	11.0	<input type="checkbox"/>
B. Medical record technicians (certified or accredited)	0.0	0.0	<input type="checkbox"/>	D. Other mental health professionals	74.6	6.0	<input type="checkbox"/>
C. Other Medical record technicians	0.0	0.0	<input type="checkbox"/>	17. Chemical dependency services:			
9. Pharmacy:				A. Clinical psychologists	0.0	0.0	<input type="checkbox"/>
A. Pharmacists, licensed	30.6	2.0	<input type="checkbox"/>	B. Social workers	0.0	0.0	<input type="checkbox"/>
B. Pharmacy technicians	26.6	1.0	<input type="checkbox"/>	C. Registered nurses	0.0	0.0	<input type="checkbox"/>
C. Clinical Phar-D	9.6	0.0	<input type="checkbox"/>	D. Other specialists in addiction and/or in chemical dependency	1.0	0.0	<input type="checkbox"/>
10. Clinical laboratory services:				18. Medical Social workers	6.0	0.0	<input type="checkbox"/>
A. Medical Technologists	38.6	6.0	<input type="checkbox"/>	19. Surgical technicians	112.9	6.0	<input checked="" type="checkbox"/>
B. Other laboratory personnel	76.0	3.5	<input type="checkbox"/>	20. All other certified professional & technical	119.2	7.0	<input type="checkbox"/>
11. Dietary services:				21. All other non-certified professional & technical	102.7	1.0	<input type="checkbox"/>
A. Dietitians	11.9	0.0	<input type="checkbox"/>	22. All other personnel	255.1	9.0	<input type="checkbox"/>
B. Dietetic technicians	4.0	0.0	<input type="checkbox"/>				
** Full-time + Part-time specified in Full Time Equivalent				TOTAL	2,118.4	110.1	
*** Please check if contract staff is used.							

SCHEDULE K - MEDICAL STAFF*

State ID 19324

	(1) Number of Active and Associate Medical Staff (Include Board Certified)	(2) Number of Active and Associate Medical Staff Who Are Board Certified	(3) Number of House Staff Who Are Interns, Externs or Residents
1. MEDICAL SPECIALTIES:			
A. General and family practice	<u>13</u>	<u>13</u>	<u>0</u>
B. Pediatric	<u>129</u>	<u>127</u>	<u>0</u>
C. General internal medicine	<u>68</u>	<u>65</u>	<u>0</u>
D. Psychiatric	<u>19</u>	<u>19</u>	<u>0</u>
E. Neonatologist	<u>8</u>	<u>8</u>	<u>0</u>
F. Cardiologists	<u>15</u>	<u>15</u>	<u>0</u>
G. Neurologists	<u>18</u>	<u>17</u>	<u>0</u>
H. Other medical specialties	<u>74</u>	<u>74</u>	<u>0</u>
2. SURGICAL SPECIALTIES:			
A. General surgery	<u>25</u>	<u>25</u>	<u>0</u>
B. Obstetrics and gynecology	<u>86</u>	<u>80</u>	<u>0</u>
C. Perinatologists	<u>5</u>	<u>5</u>	<u>0</u>
D. Gynecology	<u>4</u>	<u>4</u>	<u>0</u>
E. Orthopedic	<u>31</u>	<u>29</u>	<u>0</u>
F. Neurosurgeons	<u>11</u>	<u>9</u>	<u>0</u>
G. Cardiovascular	<u>6</u>	<u>6</u>	<u>0</u>
H. Gastroenterology	<u>6</u>	<u>6</u>	<u>0</u>
I. Other surgical specialties	<u>110</u>	<u>107</u>	<u>0</u>
3. OTHER SPECIALTIES:			
A. Pathology	<u>23</u>	<u>23</u>	<u>0</u>
B. Radiology	<u>72</u>	<u>72</u>	<u>0</u>
C. Anesthesiology	<u>75</u>	<u>70</u>	<u>0</u>
D. Other specialties	<u>29</u>	<u>29</u>	<u>0</u>
4. DENTAL SPECIALTIES:	<u>5</u>	<u>4</u>	<u>0</u>
TOTAL	<u>832</u>	<u>807</u>	<u>0</u>

SCHEDULE L - PERINATAL*

State ID 19324

1A. Name of person completing Perinatal survey Diana Moses
 1B. Telephone Number (615) 342-3913
 1C. Fax Number (615) 342-6541

Please complete the following questions.

2. Births

A. Total number of live births 3,212
 B. Birth weight below 2500 grams (5lb 8oz) 393
 C. Birth weight below 1500 grams (3 lb 5oz) 146

3. Number of babies on ventilator longer than 24 hours 193

4. Number of babies received from referring hospitals for neonatal management 152

5. Is Medical Director of Obstetrics board certified/eligible in maternal-fetal medicine?

YES NO
☒ ☐

6. Is Medical Director of the Nursery board certified/eligible in neonatal-perinatal?

☒ ☐

7. Do the following subspecialty consultants spend more than 2/3 full-time effort at your hospital?

A. OBSTETRICS:

Perinatal Sonologist ☒ ☐
 Hematologist ☒ ☐
 Cardiologist ☒ ☐

B. NEONATAL:

Pediatric Radiologist ☒ ☐
 Pediatric Cardiologist ☐ ☒
 Pediatric Neurologist ☒ ☐
 Pathologist ☒ ☐
 Pediatric Surgeon ☒ ☐

SCHEDULE M - SURVEY ON NURSING PERSONNEL*

State ID 19324

(As of the last day of the reporting period)

1. Registered Nurses

HIGHEST EDUCATION LEVEL	FTE NUMBER CURRENTLY EMPLOYED	NUMBER OF BUDGETED VACANCIES	NUMBER OF POSITIONS YOU PLAN TO ADD IN THE NEXT 12 MONTHS	NUMBER OF POSITIONS YOU PLAN TO ELIMINATE IN THE NEXT 12 MONTHS	PRIMARY ROLE (NUMBER OF POSITIONS)	
					CLINICAL	ADMINISTRATIVE
Total	1,133.0	63.6	0.0	0.0	1,054.9	78.0
Bachelors Degree	557.6	0.0	0.0	0.0	514.7	42.8
Associate Degree	529.4	0.0	0.0	0.0	507.2	22.2
Diploma	20.1	0.0	0.0	0.0	16.4	3.7
Masters Degree	24.9	0.0	0.0	0.0	16.6	8.3
Doctorate Degree	1.0	0.0	0.0	0.0	0.0	1.0

2. Advanced Practice Nurses

NURSING PERSONNEL CATEGORY	FTE NUMBER CURRENTLY EMPLOYED	NUMBER OF BUDGETED VACANCIES	NUMBER OF POSITIONS YOU PLAN TO ADD IN THE NEXT 12 MONTHS	NUMBER OF POSITIONS YOU PLAN TO ELIMINATE IN THE NEXT 12 MONTHS	PRIMARY ROLE (NUMBER OF POSITIONS)	
					CLINICAL	ADMINISTRATIVE
Total	6.9	0.0	0.0	0.0	5.9	1.0
Nurse Practitioner	1.0	0.0	0.0	0.0	1.0	0.0
Clinical Nurse Specialist	1.0	0.0	0.0	0.0	0.0	1.0
CRNA	4.9	0.0	0.0	0.0	4.9	0.0
Certified Nurse Midwife	0.0	0.0	0.0	0.0	0.0	0.0

3. Licensed Practical Nurses

LPNs	NUMBER OF POSITIONS YOU PLAN TO ADD IN THE NEXT 12 MONTHS	NUMBER OF POSITIONS YOU PLAN TO ELIMINATE IN THE NEXT 12 MONTHS
Total	0.0	0.0

4. Recruitment of Nursing Personnel

The following are selected specialties for which hospitals commonly report recruiting difficulties.

Please specify other categories as necessary.

NURSING PERSONNEL CATEGORY	FTE NUMBER CURRENTLY EMPLOYED	NUMBER OF BUDGETED VACANCIES	NUMBER OF POSITIONS YOU PLAN TO ADD IN THE NEXT 12 MONTHS	NUMBER OF POSITIONS YOU PLAN TO ELIMINATE IN THE NEXT 12 MONTHS
CCU/ICU	223.7	9.9	0.0	0.0
ER	37.3	4.0	0.0	0.0
Other (Specify):				
	0.0	0.0	0.0	0.0
	0.0	0.0	0.0	0.0

SCHEDULE N - HEALTH CARE PLANS ACCEPTED*

State ID 19324

The Health Consumer Right-to-Know Act of 1998 which was signed by Governor Sunquist in May, 1998 requires hospitals to report to the Department of Health "health care plans accepted by the hospital" as well as a variety of information that is included in earlier schedules of the Joint Annual Report. In order to allow the Joint Annual Report to meet the entire reporting requirement described in this act, please list all health insurance plans with which you currently - as of the last day of this reporting period - have a valid contract. List each plan separately not just the name of the company. For example, if you have contracts to provide services to individuals enrolled in Blue Choice and Blue Preferred, list both plans and do not only list Blue Cross & Blue Shield of Tennessee.

Plans:

Aetna TN - Psych
Aetna - Tristar
Alive Hospice, Inc - Tennessee
Americhoice
Amerigroup GA Medicaid - Tristar - Chatt
Amerigroup - TNCare
BCBS of Tennessee Medicare Advantage
BCBS of TN
BCBS of TN - BlueCare, TNCare S. - Tristar
Beech Street - Nashville/Nat'l Client List
Behavioral Health Systems - Tristar
BGFH SingleSource - Centennial
BlisCare
BlueCross Medicare Advantage
BlueCross of Tennessee Network P Urban
BlueCross of Tennessee Network C - CMC/Ashland
Bluegrass Family Health - Tennessee
Cigna Behavioral Health, Inc
Cigna Healthsource - Centennial
Community Health Alliance
ComPsych - Parthenon
Corizon Medical Services
Correct Care Solutions
Corvel Workers Comp
Conventry Cares of Kentucky
Dickson Medical Associates, PHCS
First Health/CCN - Client List Here
GEHA (PPO USA) - Tristar and Chatt
Great-West fka One Hlth PPO/POS - Tristar
HCA Employees - Tristar
HealthSpring, Inc - Nashville
HealthSpring Medicare Advantage Tristar
Humana ChoiceCare Mcare Adv - Tristar
Humana ChoiceCare One
Humana ChoiceCare - TN

Humana - Tristar
Kentucky Medicaid
Kentucky Worker's Comp
Kindred Hospital - Centennial
Lifesynch Behavioral Health
Magellan Behav - Nashville/Chattanooga
Mail Handlers Benefit Plan - TN
Misc Medicare TriStar - Non contracted
Multiplan - PHCS
Novanet
Odom's TN Pride Sausage, Ins - Nash Mkt
Odyssey Healthcare, Inc
Optum Health Bariatric - Centennial
OptumHealth Care Solutions - Centennial
PEN Edge Network - Tristar
Plumbers and Pipefitters Local 572
Prime Health Services Inc - Tennessee
Prime Health Worker's Comp
PsychCare
Southern Benefit Admin - Centennial
Tennessee Workers Compensation
TICUA - Tristar
TNCare Other - Tristar - KY-IN
TN Donor Services
TriCare Champus - TN/KY
United Behavioral Health, Inc
United Behavioral - PPO - Parthenon
United Health Basics
United Healthcare Medicare Advantage
United Healthcare of TN - Tristar
USA Managed Care Organization
US Dept of Labor - Tristar, Mtn, KY, IN
Value Options - Parthenon/Summit
Veterans Administration
Vocational Rehab - Centennial